



A Co-Designed Framework for Building Competency in Interprofessional Collaboration in Integrated Care Teams for Older People: The ECLECTIC Programme

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**OLDER
PEOPLE**





ECLECTIC Study Background

- Aim: to co-design with key stakeholders core competencies for interprofessional collaborative working in interdisciplinary care teams providing care to older people
 - Describe the appropriate knowledge, skills, and behaviours for demonstrating competence in interprofessional team working
 - Identify mechanisms for achieving and monitoring proficiency for each competence
 - Align the competence to collective and shared approaches to leadership and decision-making in healthcare

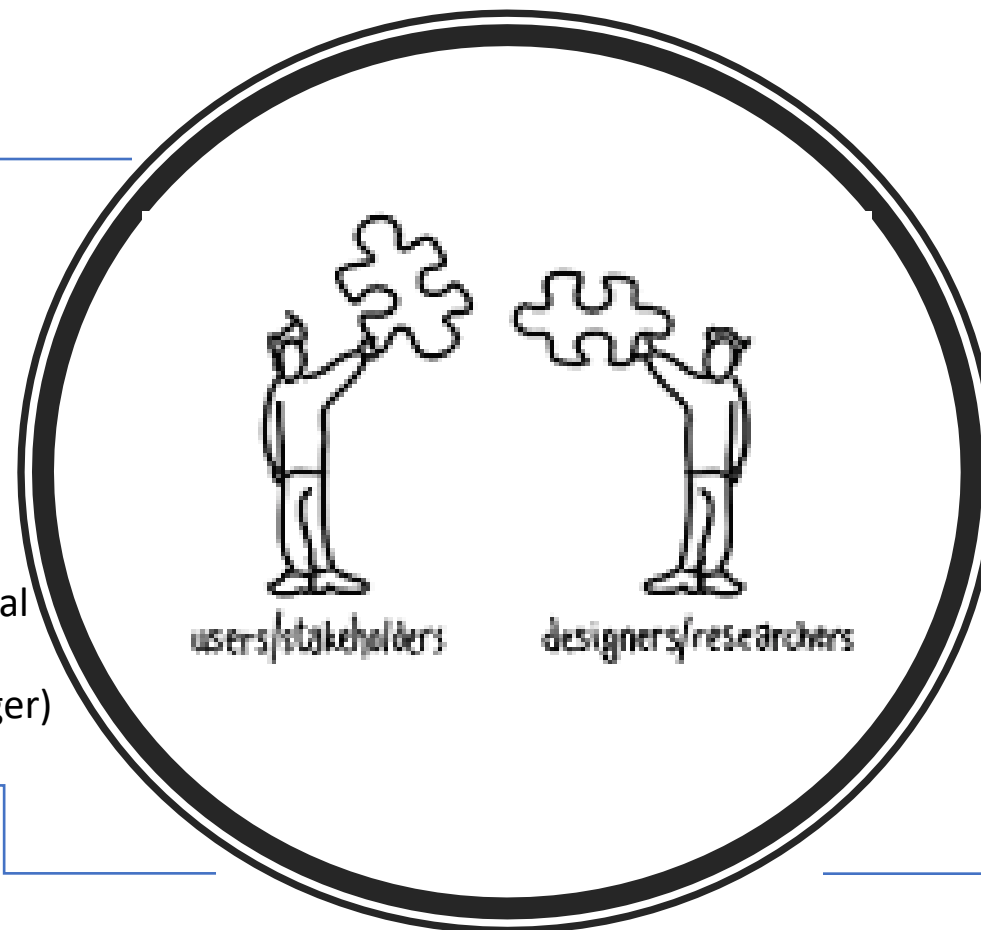
ECLECTIC Co-Design Team

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Interprofessional Interest Group:

- ❖ Noeleen Bourke (Physio)
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 - ❖ Sinéad Coleman (Physio)
 - ❖ Sarah Cosgrave (Nursing)
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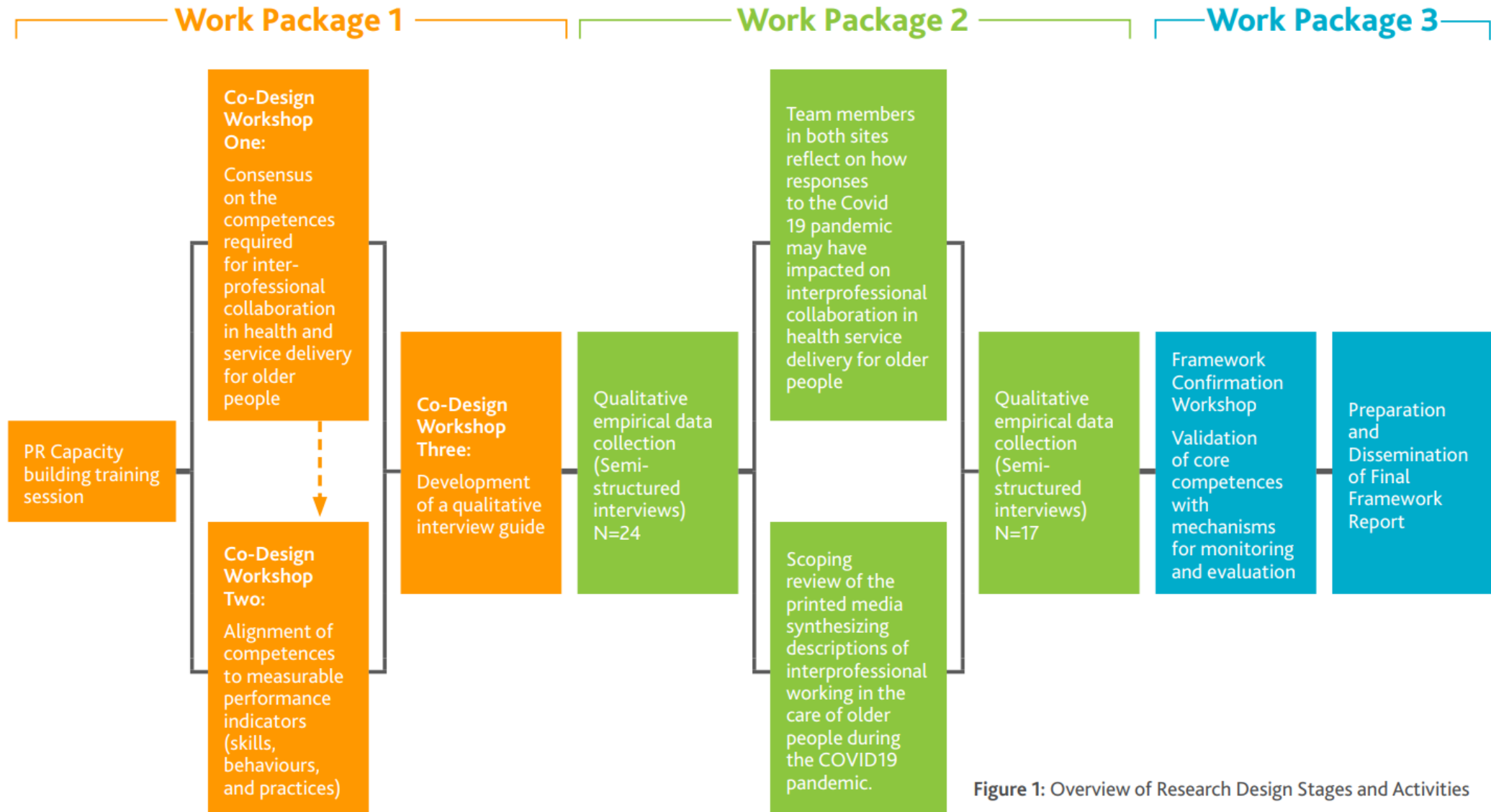
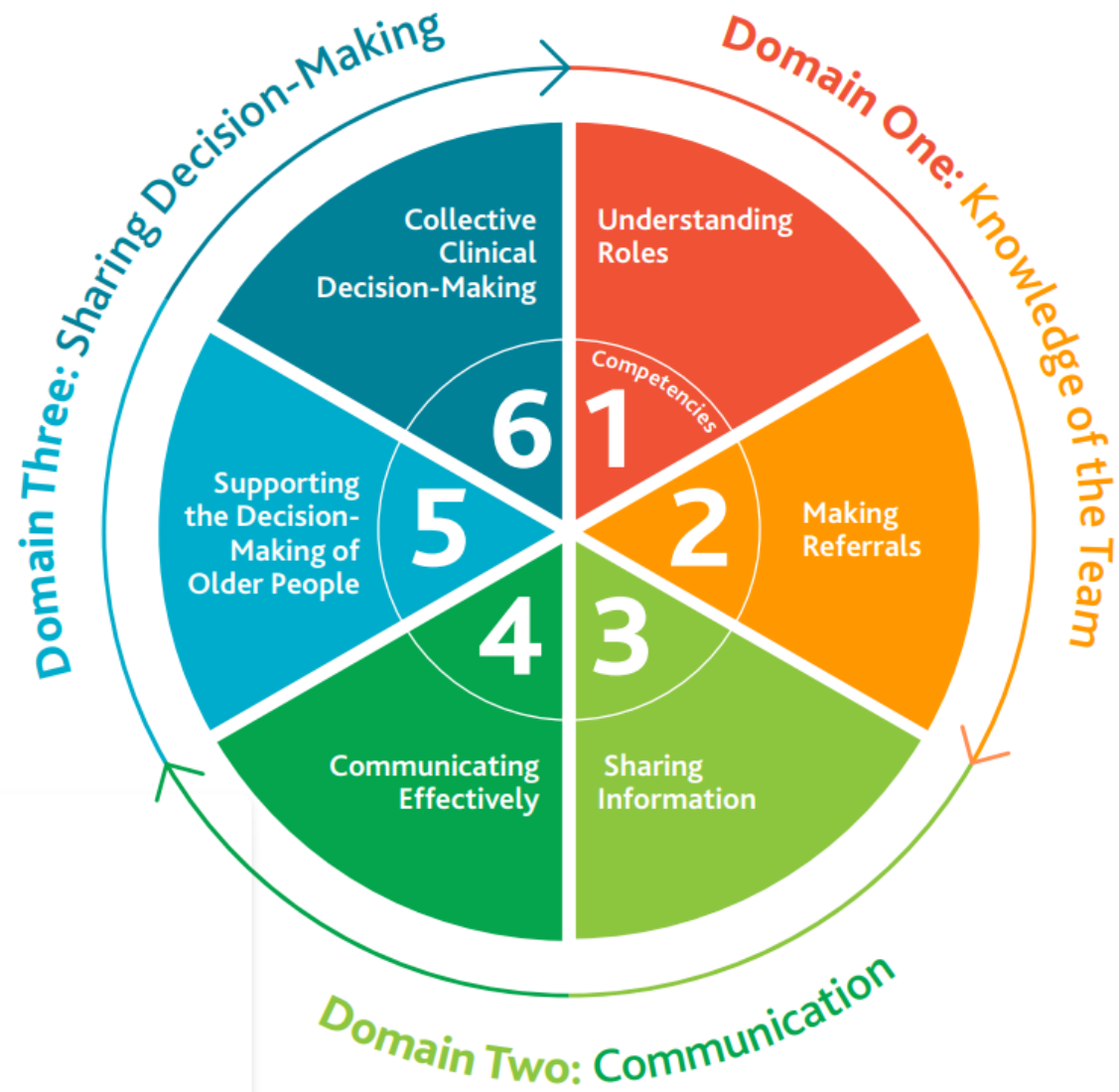


Figure 1: Overview of Research Design Stages and Activities



Domain One Competency One: Understanding Roles



1. Establish team values, vision, and mission
2. Establish role clarity for all team members
3. Build and measure trust in the team
4. Schedule regular team meetings

“I think there needs to be a mutual understanding and a mutual respect of everybody’s roles. [...] So, I think to get everybody around the table and actually discuss each other’s roles in depth so that we all understand what everybody does. I suppose a lot of ice breakers and teambuilding exercises will probably be needed, not necessarily clinical team-building exercises, but just to get an idea of each other’s personalities and how everybody works.”

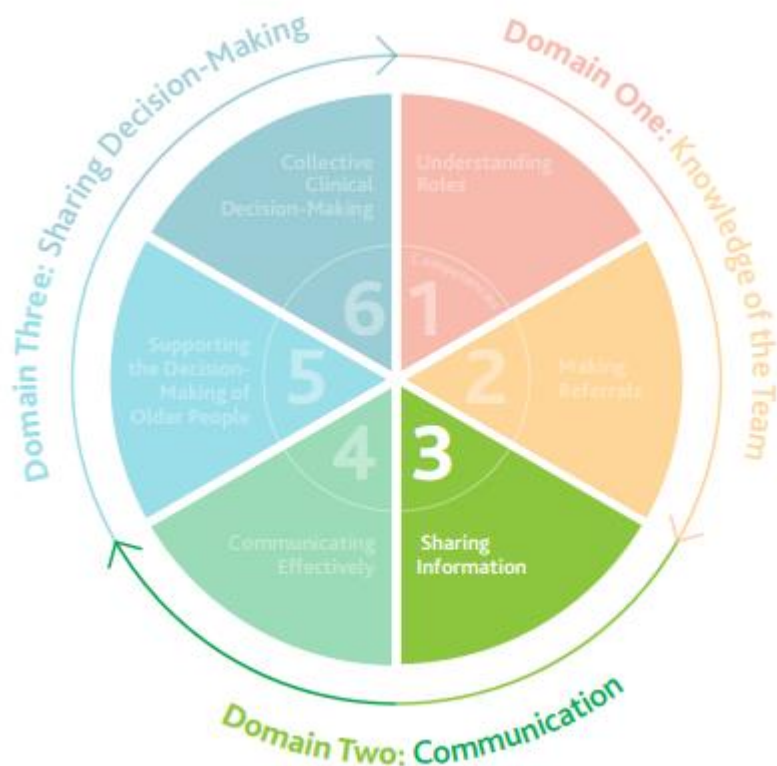
Domain One Competency Two: Making Referrals



1. Gather information from the older person
2. Compile a list of services available for referral
3. Develop an SOP for making referrals which is accessible as a shared file
4. Agree on a standardised mechanism for communicating the referral to the older person (or family carer as appropriate)

“Any time I wasn’t sure. I came back and said, “I’m not sure about this person” and we discussed it, and they’d say, “no you’re right to refer”. So, it was just trusting that I would use their information correctly, but not overstep the mark and then refer on.”

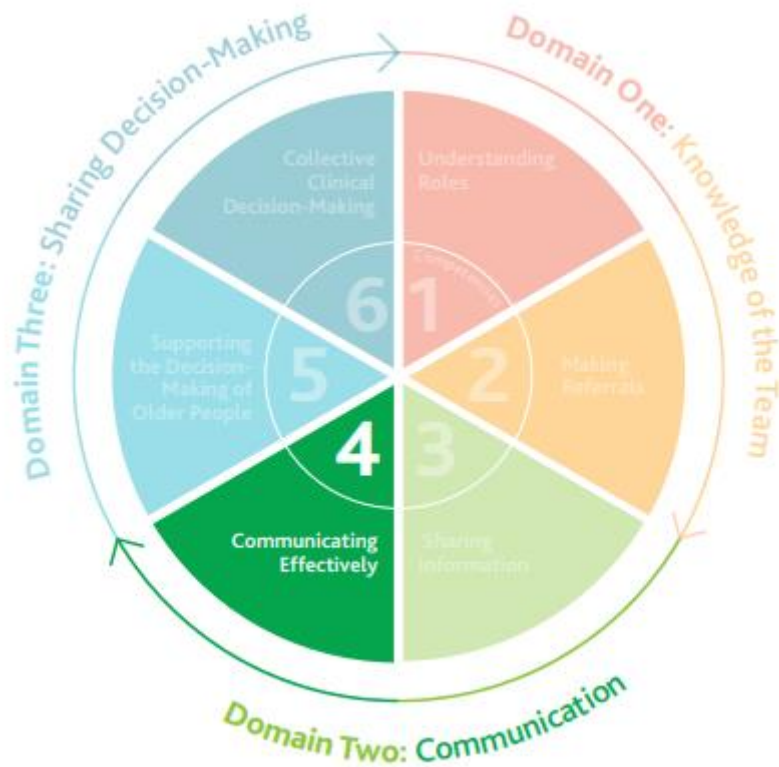
Domain Two Competency Three: Sharing Information



1. Identify what the relevant consent policy is and apply it
2. Co-design with the team a standardised dossier for recording information that can be shared
3. Provide a summary information document to the older person (or family carer where appropriate and where there is consent)
4. Identify what is the best available ICT system that can be utilised by the team for secure information storage and sharing

“That person needs to see six different disciplines to be assessed whereas actually I can go in as one person and do all the basic screens. I’m not an expert in any of them, but for them to allow me to do that is major because now six people don’t have to see the patient and when we set up here, that trust was developed”.

Domain Two Competency Four: Communicating Effectively



1. Co-design a strategy for communication within the team and document it in an accessible and shared file
2. Identify the preferred method for communication with the older person (and their family carer where appropriate)
3. Support the communication competence of older people, and/or their family carer where relevant, who have complex communication needs
4. Identify a key worker in any given case

“I suppose the skills would be just communication skills because you know, all the verbal and written and all of that. And I think just being a good listener and asking the right questions to patients and that as well to find out what they might benefit from or who they’ve already seen.”

Domain Two Competency Five: Supporting the Decision-Making of Older People



1. Undertake CPD and training in supporting the decision-making capacity of all older people
2. Foster a team culture of including the older person as a partner in their care
3. Co-design with the team a values statement which recognises an older person's will, preferences and values as the drivers for all care planning and decision-making
4. Encourage and where necessary assist an older person to express their will, preferences and values in relation to their care

“Helping people to, I suppose, consider what their wishes would be in the future, making sure that the voice of the service user is heard, mediating between family members and assessing capacity. [...] a family member might want long term care, but the person doesn't want it and assessing whether there's any cognitive issues or any concerns that the person might be forced into something that they don't want.”

Domain Two Competency Six: Collective Clinical Decision-Making



1. Set the team goals to include a commitment to collective decision-making in care planning with older people
2. Gather collective input of all team members for collaborative team decisions
3. Build and measure psychological safety in the team
4. Schedule regular team meetings and monitor attendance

“I think our MDT meetings have evolved to kind of where there’s really good trust in opinions. And I think something that’s kind of helped with that is when you see other people acting on what you’ve said at the meeting. [...] that seems to have really strengthened our meetings and it means that everybody goes to the meeting. So, like, you’re actually at a loss if you don’t turn up at it”.

Conclusion

- ECLECTIC Framework is the only framework to provide practical guidance for building competencies for interdisciplinary teams working in the context of older people's integrated care
- Key strengths of the framework is the co-design approach and the contextualization of the competencies through in-depth qualitative exploration of interprofessional working in two different types of integrated care teams
- Provides direction for health service workforce development and has the potential to support the development of interprofessional working in international integrated care teams operating across programme clinical domains
- Future work will involve a realist evaluation of the transferability and applicability of the framework to integrated care teams operating in international health systems



NICPOP Launch of the Framework Report on 12th of May
Download the Report at: <https://www.icpop.org/publications>

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